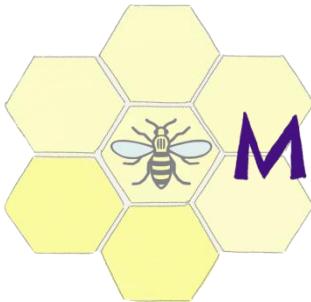


Are the kids alright? Examining the intersection between education and mental health

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MIE Building Evidence into Education (BEE) blog



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Mental health by the numbers

6%

of total NHS expenditure on mental health for child and adolescent services⁶

50%

of lifetime cases of mental health difficulties begin by age 15 (74% by age 18)²

£13

Average return for every £1 invested in evidence-based interventions for adolescents with conduct disorder⁷

4.5x

more likely to experience mental health difficulties than those living in least deprived areas⁴

£105 billion per year

Wider economic costs of mental health difficulties⁵

3x

more likely to experience emotional problems than teenage boys³

13%

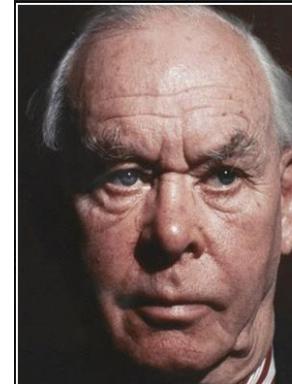
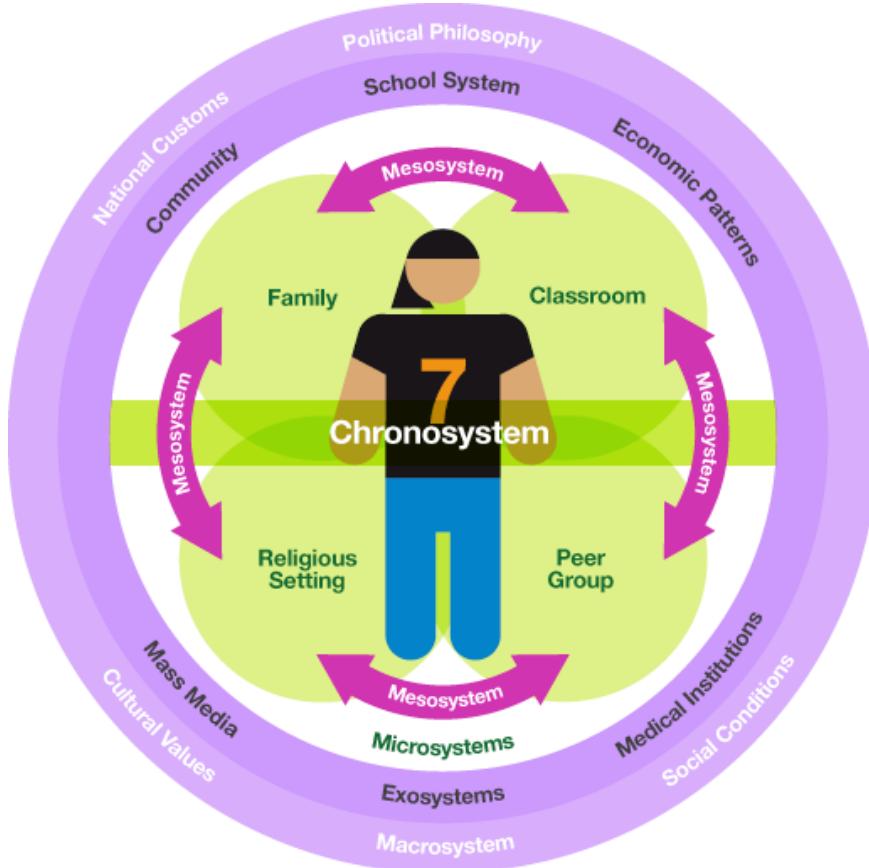
of CYP aged 5-19 experience clinically significant mental health difficulties¹

Overview

- What is mental health?
 - Why does mental health matter?
 - What factors are associated with variability in mental health?
- Are mental health difficulties among children and young people (CYP) increasing?
- What is the role of social media and screen-based lifestyles in CYP's mental health?
- Is there a crisis in CYP's mental health?
- Why have schools become a central focus in this area?
- Is evidence-based practice the answer?
- Is this the latest generational 'child panic'?



Some foundations



The propensity to make strong emotional bonds to particular individuals [is] a basic component of human nature

— John Bowlby —

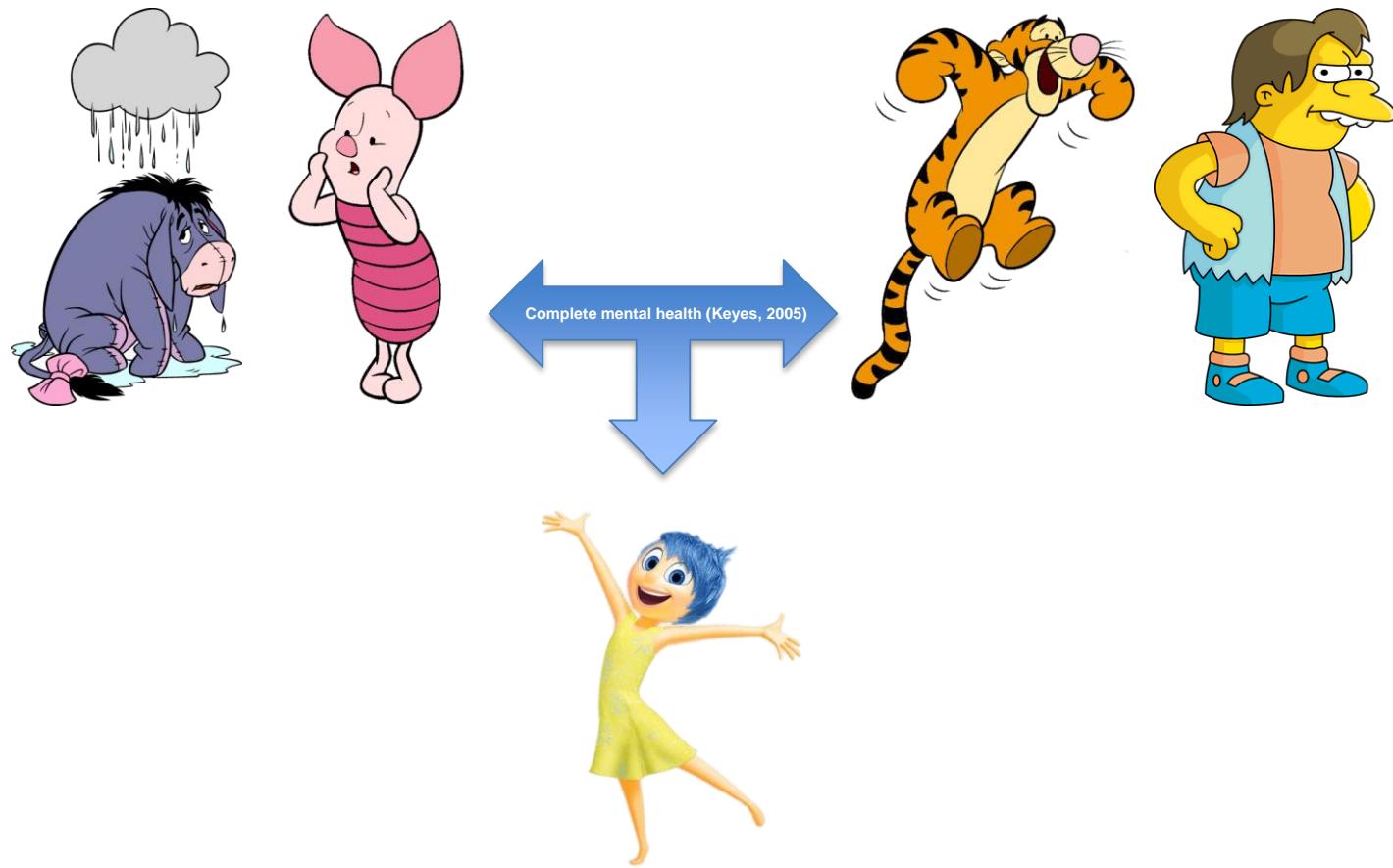
AZ QUOTES



What is 'mental health'?

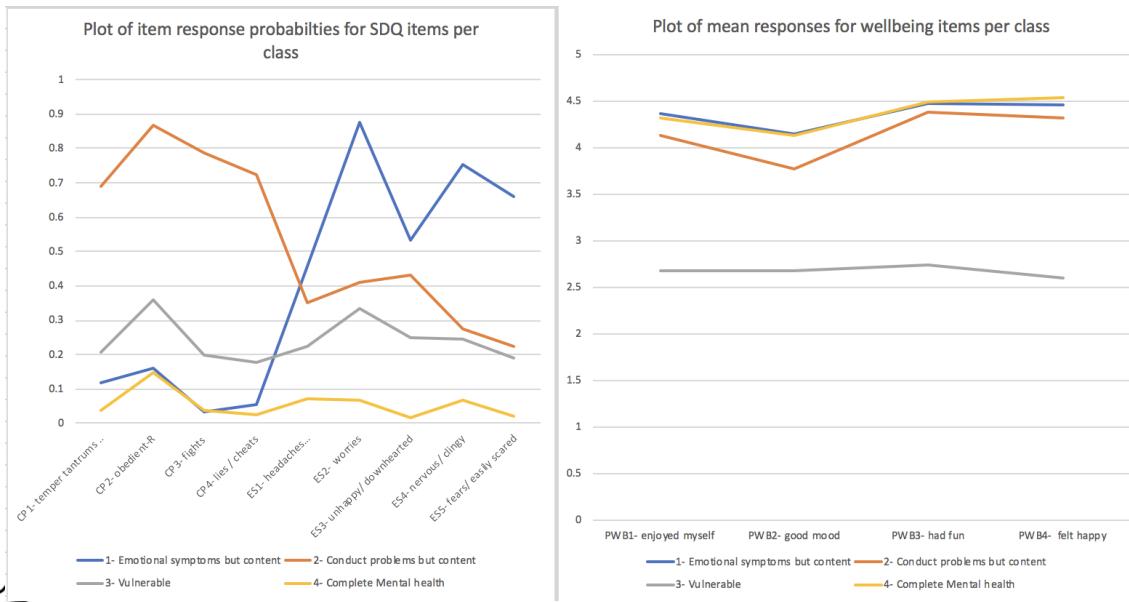


What is 'mental health'?



What is mental health?

- Internalising symptoms, externalising problems and wellbeing as distinct but related constructs, though all may be underpinned by a general internalized distress factor in early adolescence (Black, Panayiotou & Humphrey, 2019)
 - S-1 and bifactor modelling of data from c.2,000 10-12 year olds
- Mental health profiles in middle childhood support complete mental health model (Petersen, Qualter & Humphrey, in preparation)
 - Latent class analysis of data from c.3.3k 8-9 year olds

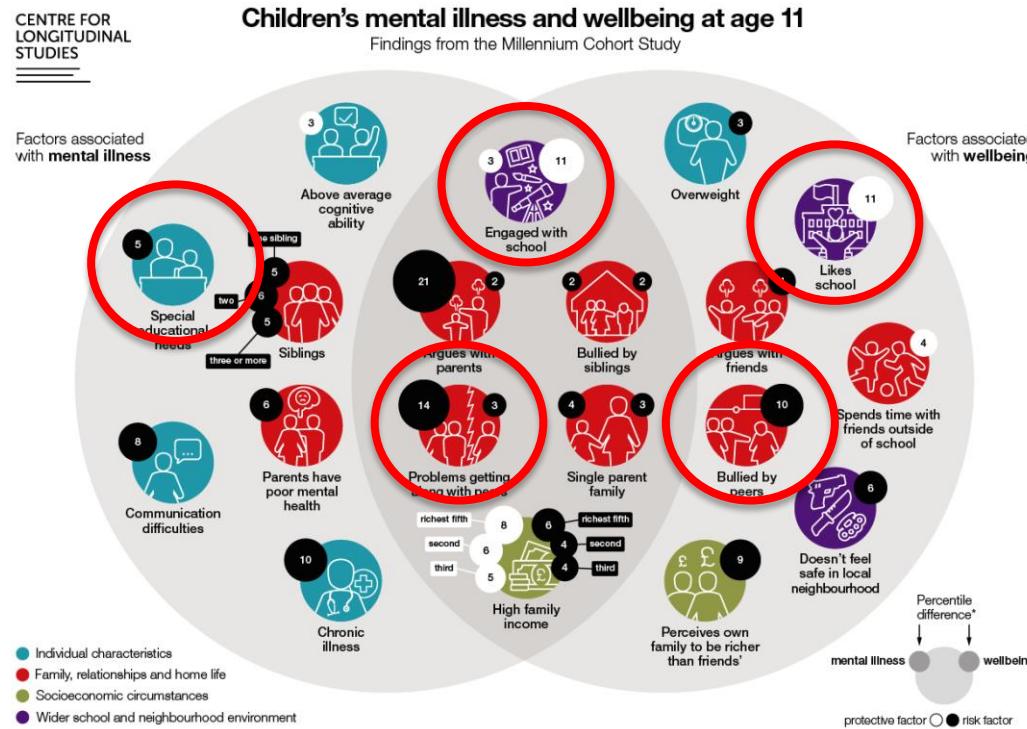


- Compared to complete mental health class (57%)
 - Emotional symptoms but content (18%) class more likely to be female, have SEN, lower KS1 maths, lower IDACI scores
 - Conduct problems but content (12%) class more likely to be male, have SEN, lower KS1 maths, lower school connectedness
 - Vulnerable (13%) class more likely to be eligible for FSM, lower peer and social support, lower school connectedness



What is mental health?

- Distinct and shared correlates of mental health difficulties and wellbeing (Patalay & Fitzsimons, 2016)



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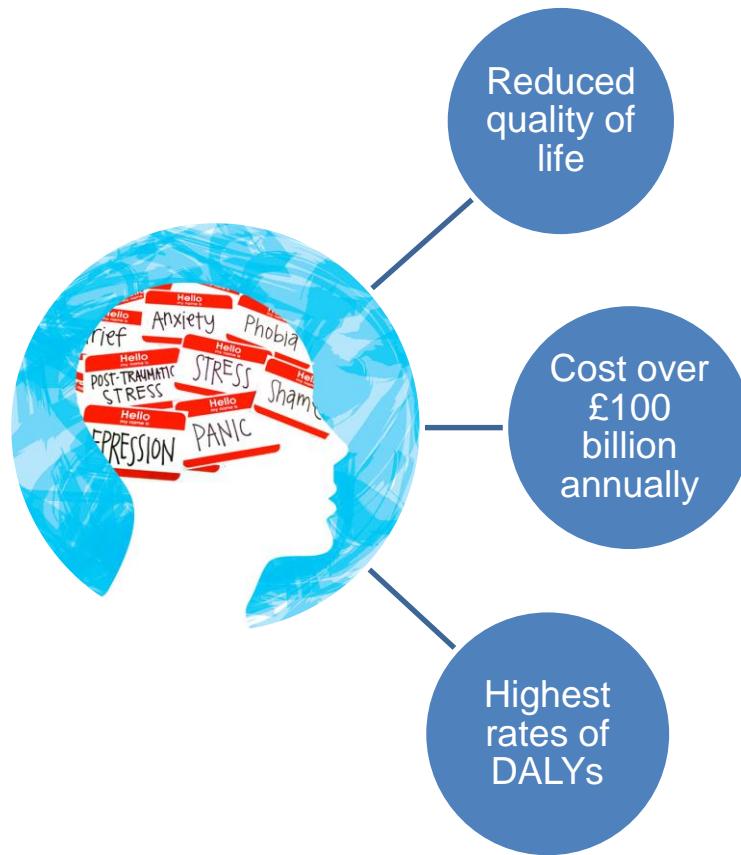
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All factors included in the infographic are statistically significant at (at least) the 5% level. * Findings from Patalay, P. and Fitzsimons, E. (2016) Correlates of mental illness and wellbeing in children: are they the same? *Journal of the American Academy of Child and Adolescent Psychiatry* 55(9), pp. 771-783.

**Percentile difference* is the change in rank position between 1 and 100 away from the median or reference category.

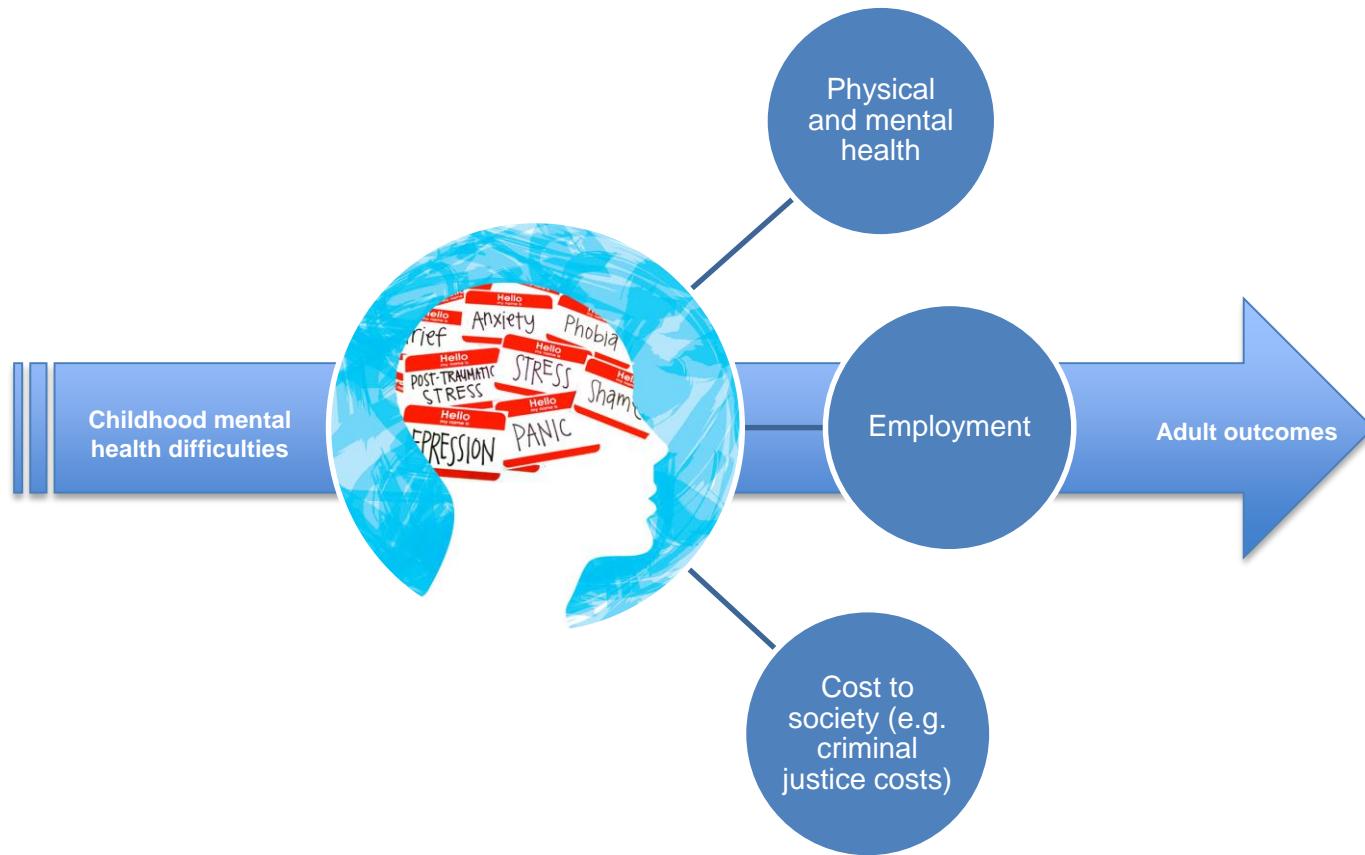
Why does mental health matter?



Belfer (2008); Centre for Mental Health (2010); Mathers & Loncar (2008)



Why does mental health matter *in childhood?*

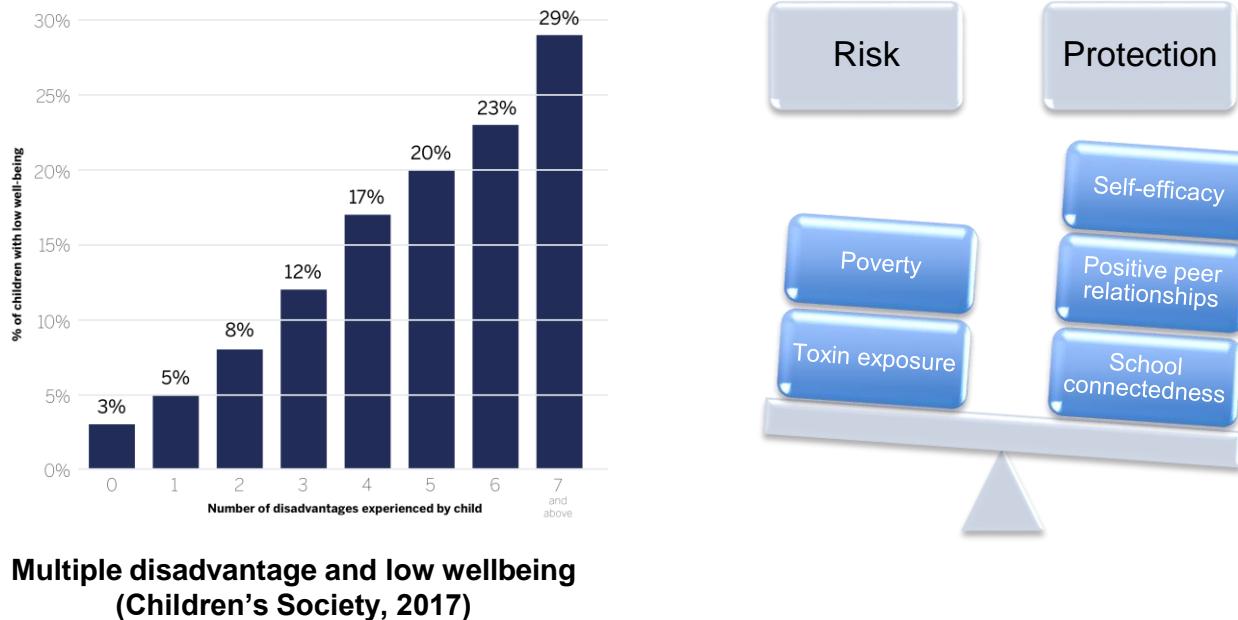


Goodman et al (2015); Knapp et al (2011); D'Amico et al (2014)



What factors are associated with variability in mental health?

- Risk and resilience framework (Masten, 2014)
- Cumulative and multiple risk perspectives (Evans, Li & Whipple, 2013)
- Risk and health inequality: risk factors as markers/proxies for inequalities (e.g. Reiss, 2013)
 - Number of people reporting mental health difficulties is almost twice as high for those living in deprived areas compared to those living in less deprived areas (Mental Health Foundation, 2016)

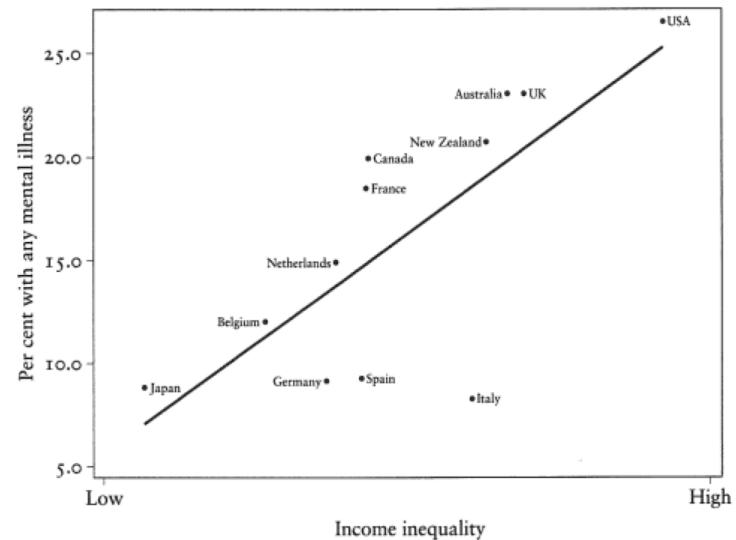


Are mental health difficulties among children and young people increasing?



Are mental health difficulties among children and young people increasing?

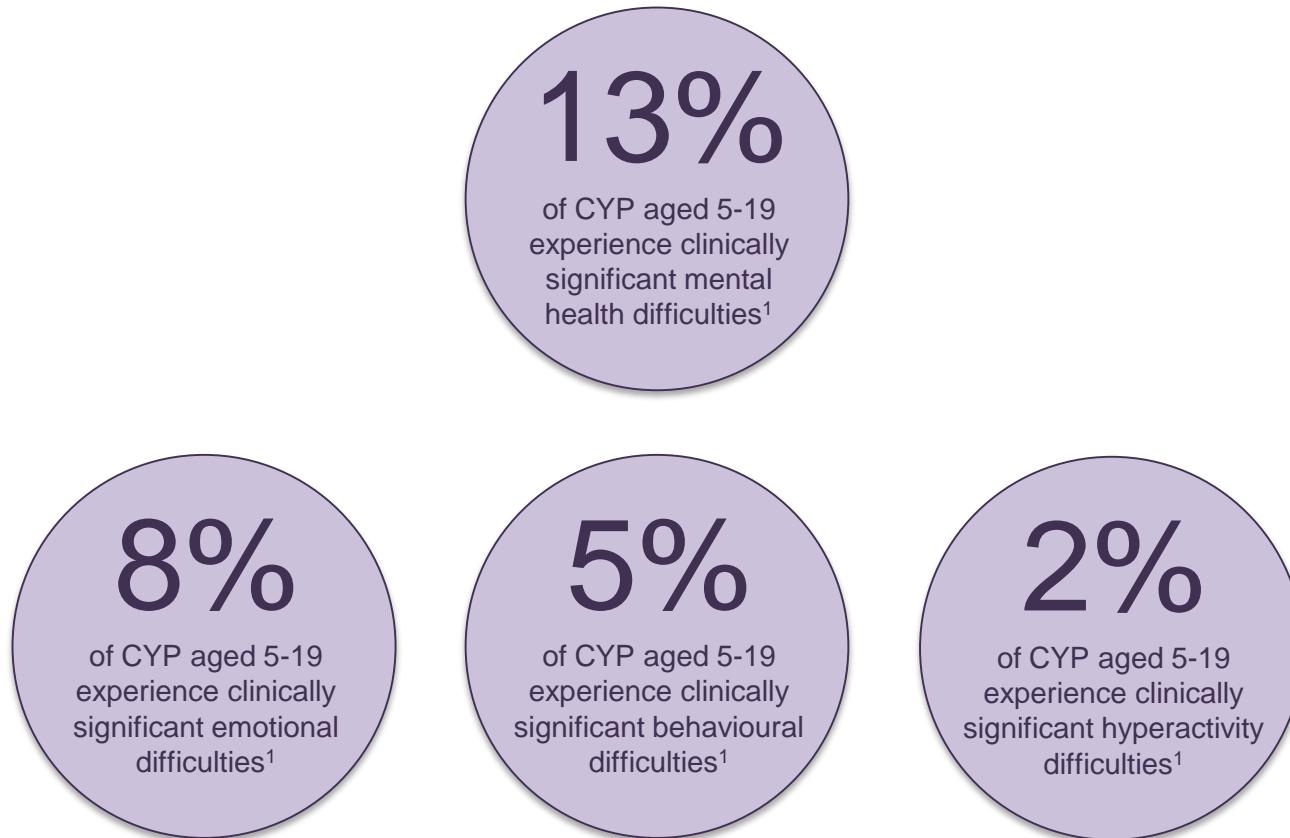
- Social changes
 - Rising affluence but increased income inequality
 - Changes in family environment (increased rate of single parenting, family conflict, parental mental health problems)
 - Changes in parenting styles, increased exposure to screen time, internet and social media, increased pressure in school (Murphy & Fonagy, 2012)
- Recent policy changes: expansion of academies and free schools, raising of participation age, changes to academic assessment procedures, increase in University fees (Lessof et al, 2016)
- Socio-economic disadvantage, impact of digital technologies, changes to family structure (Thorley, 2016)



Income inequality and mental health difficulties (Wilkinson & Pickett, 2010)



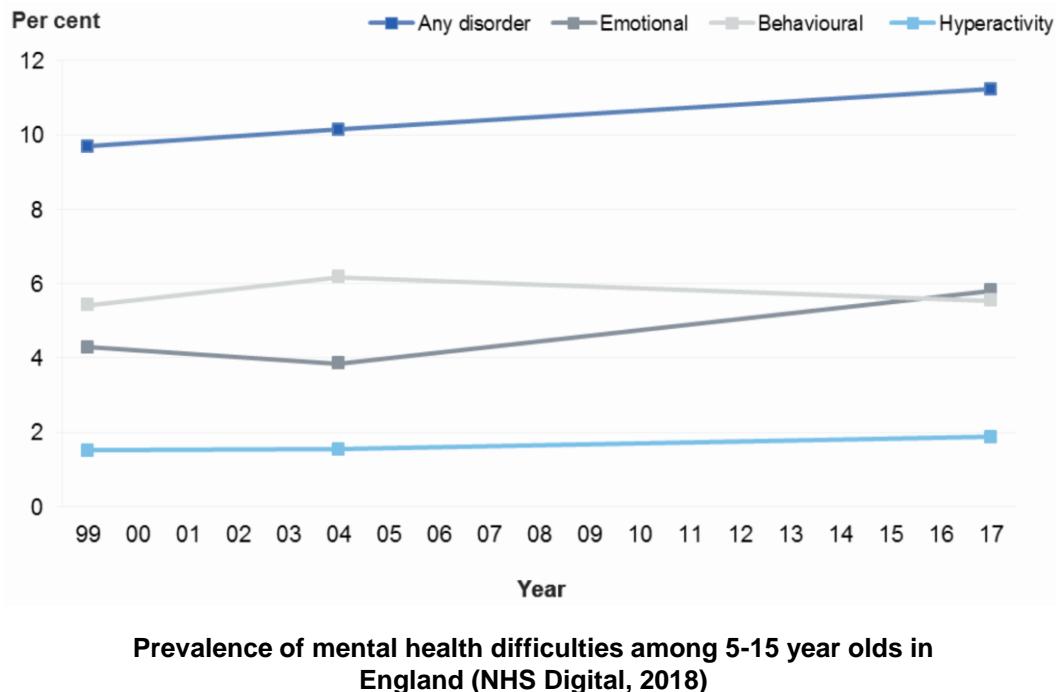
Are mental health difficulties among children and young people increasing?



NHS Digital (2018)



Are mental health difficulties among children and young people increasing?



- Upward trend over time (9.7% in 1999; 10.1% in 2004; 11.2% in 2017)
 - Increase in emotional problems (e.g. anxiety, depression) among 5 to 15 year olds from 2004 (3.9%) to 2017 (5.8%)
 - Stability over time in conduct problems and hyperactivity (NHS Digital, 2018)
- Rates of diagnosable MHDs are highest in females aged 17 to 19 (23.9%)
 - Age related increase in prevalence for females: 6.6% among 5-10, 14.4% among 11-16, 23.9% among 17-19 (NHS Digital, 2018)
- Other research provides evidence of significant increase in MHDs over time among female adolescents (Borr et al, 2014; Fink et al, 2015; Lessof et al, 2016)
 - Significant increase in non-suicidal self-harm in females aged 16-24 (6.5% in 2000 to 19.7% in 2014; McManus et al, 2019)



What is the role of social media and screen-based lifestyles in children's mental health?



What is the role of social media and screen-based lifestyles in children and young people's mental health?

Revealed: Which is most dangerous social media

When Social Media Is Really Problematic for Adolescents

up for young people's mental health

Social media is supposed to be positive, so why is it ruining your mental health?

Facebook and Twitter harm young people

Six ways to protect your mental health from social media dangers

Excessive social media use harms children's mental health



What is the role of social media and screen-based lifestyles in children and young people's mental health?

- Social media as the new 'folk devil' (Panayiotou & Humphrey, 2019)
 - Health secretary called for new laws to ban under-13s from social media
 - Chief Medical Officer instructed to draw up guidelines on daily time limits
 - Digital detox campaign at DeMontfort University
 - Scroll Free September campaign by Royal Society for Public Health
- "There is, as yet, no scientific consensus on the impact of screen-based lifestyles on the mental health of young people" (Frith, 2017, p.29)
- "Scientific research is currently insufficiently conclusive to support UK CMO evidence-based guidelines on optimal amounts of screen use or online activities (such as social media use)" (UK CMO 2019, p.2)
 - Unhelpful conflation of 'screen time' and 'social media usage'
 - Problematic focus on amount of time spent rather than how said time is spent (e.g. active vs passive use)
 - Different social media platforms provide distinct user experiences that may have different consequences for mental health (Panayiotou & Humphrey, 2019)



What is the role of social media and screen-based lifestyles in children and young people's mental health?

- A tale of 3 studies.....
- Kelly et al (2019): social media use associated with depression among adolescents, particularly females
 - BUT! Cross-sectional and causal ordering not possible
- Heffer et al (2019): longitudinal analysis of adolescents (2 years) and young adults (6 years) indicated that social media use did *not* predict later depression, but that depression *did* predict later social media use among adolescent females
- Orben & Przybylski (2019): digital technology use explains at most 0.4% of the variation in adolescent wellbeing



Is there a crisis in child and adolescent mental health?

Home UK World Business Politics Tech Science Health Education Entertain Health

Children turned away by mental health services

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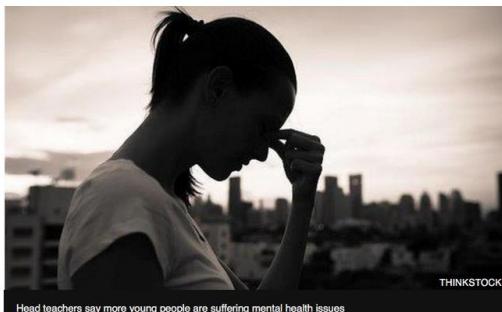


More than a fifth of children referred to mental health services in England have been refused treatment, according to research by the NSPCC.

Improve children's mental health care, head teachers urge

By Judith Burns
BBC News

© 5 March 2016 | Education & Family



Head teachers say more young people are suffering mental health issues

More young people are suffering from mental health issues but the care on offer outside schools is not keeping pace, say head teachers.

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Teachers left to pick up pieces from cuts to youth mental health services

Schools are struggling to cope with pupils' problems as council spending on therapy and counselling dries up
Bergista on staff under stress



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Technology Money Travel Fashion Mums

News - UK News - Mental health

We are sitting on children's mental health 'timebomb' after £50m government cuts say charities

00:00, 15 FEB 2015 | UPDATED 12:10, 18 FEB 2015 | BY NICOLA FIREFIELD

Campaigners blame a rise in cyber-bullying, 'sexting' and massive funding cuts since 2010 for the crisis

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NHS child mental health money 'missing' despite investment

By Michael Buchanan
BBC News

© 8 March 2016 | Health



Some mental health trusts in England have seen "no significant investment" in psychiatric services for children despite government plans to overhaul provision, say experts.

Is there a crisis in child and adolescent mental health?



(with thanks to Terry Hanley)



Is there a crisis in child and adolescent mental health?

- Major cuts to CAMHS (Young Minds, 2013, 2015)
- 'Decade of delay' between first signs of problems and getting help (Khan, 2016)
- Significant increases in CAMHS referral thresholds and waiting times (HOCHC, 2014; NHS, 2013; Wolpert et al, 2014)
- 28% of children (range 18-75%) referred to CAMHS not allocated a service in 2015 (Children's Commissioner, 2016)
- Promised investment of 1.25 billion in child mental health over five years (2015 budget) – but where has it gone?
- Swift removal of critical voices (e.g. Natasha Devon)
- 235,189 under 18s in receipt of specialist (NHS) mental health care in 2016 (in 60% of mental health trusts who provided data; NHS Digital, 2016)
 - 65,000 under 11, of whom males 2:1 females



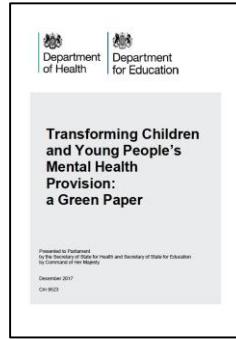
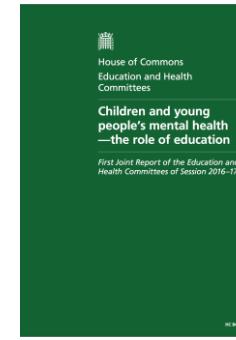
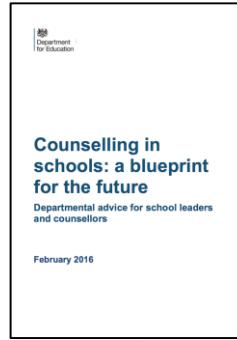
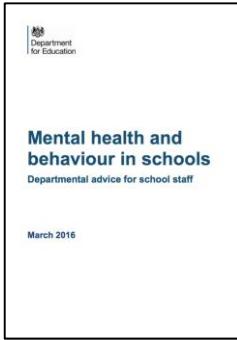
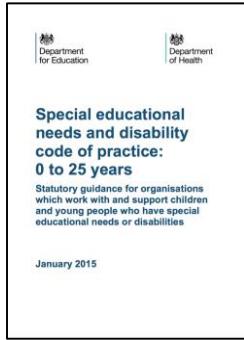
Is there a crisis in child and adolescent mental health?

- Increased accountability measures in schools impact on children and adolescent mental health (Hutchings, 2015)
- “There are clear indications ... that the pressure to perform in an increasingly micro-managed, accountable education system may be playing a part in developing mental health problems and in suicidal behaviour” (Sharp, 2013, p.10)
- Implementation of a ‘zero sum game’ approach to attainment and wellbeing in education (Bonell, Humphrey et al, 2014)
- Introduction of ‘character’, ‘grit’ and ‘resilience’ into the mainstream education policy discourse (Humphrey, Lendrum, Wigelsworth & Greenberg, 2016)



Why have schools and colleges become a central focus in this area?

- The ‘turn’ to schools....



- The notion of schools as central sites for promoting mental health and wellbeing is not new (e.g. TaMHS, 2008; SEAL, 2005; Every Child Matters, 2003), but it has arguably reached an unprecedented level of exposure and intensity in the last 5 years
- Green paper (2017) highlights
 - Systematic evidence review suggests an important role for schools and teachers (e.g. in identification and early intervention)
 - Designated senior lead for mental health in schools
 - Mental health support teams to bridge education and health services
 - Reduced waiting times for specialist child and adolescent mental health services
 - Go to [MIE BEE blog](#) to read a summary of criticisms of the Green Paper

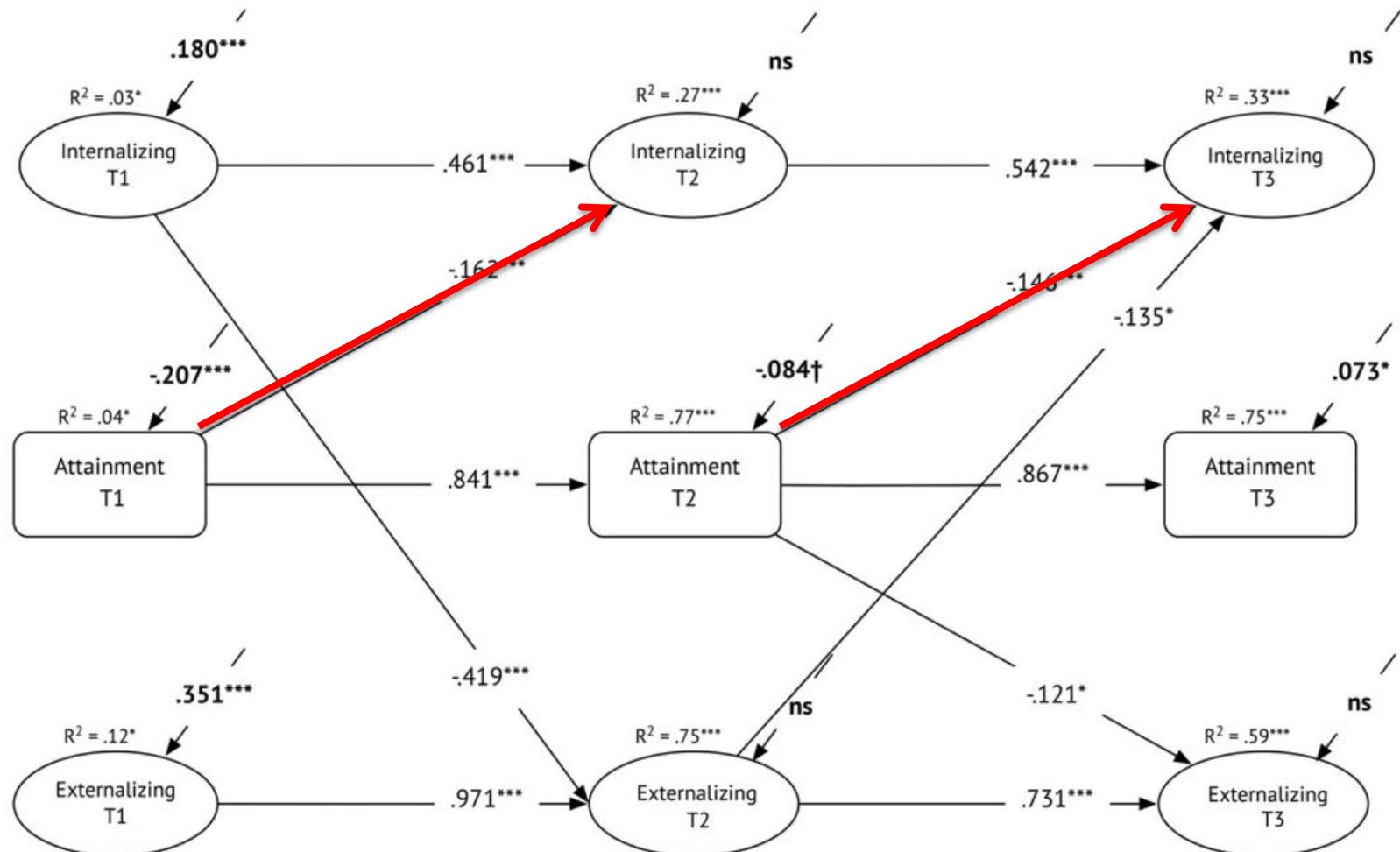


Why have schools become a central focus in this area?

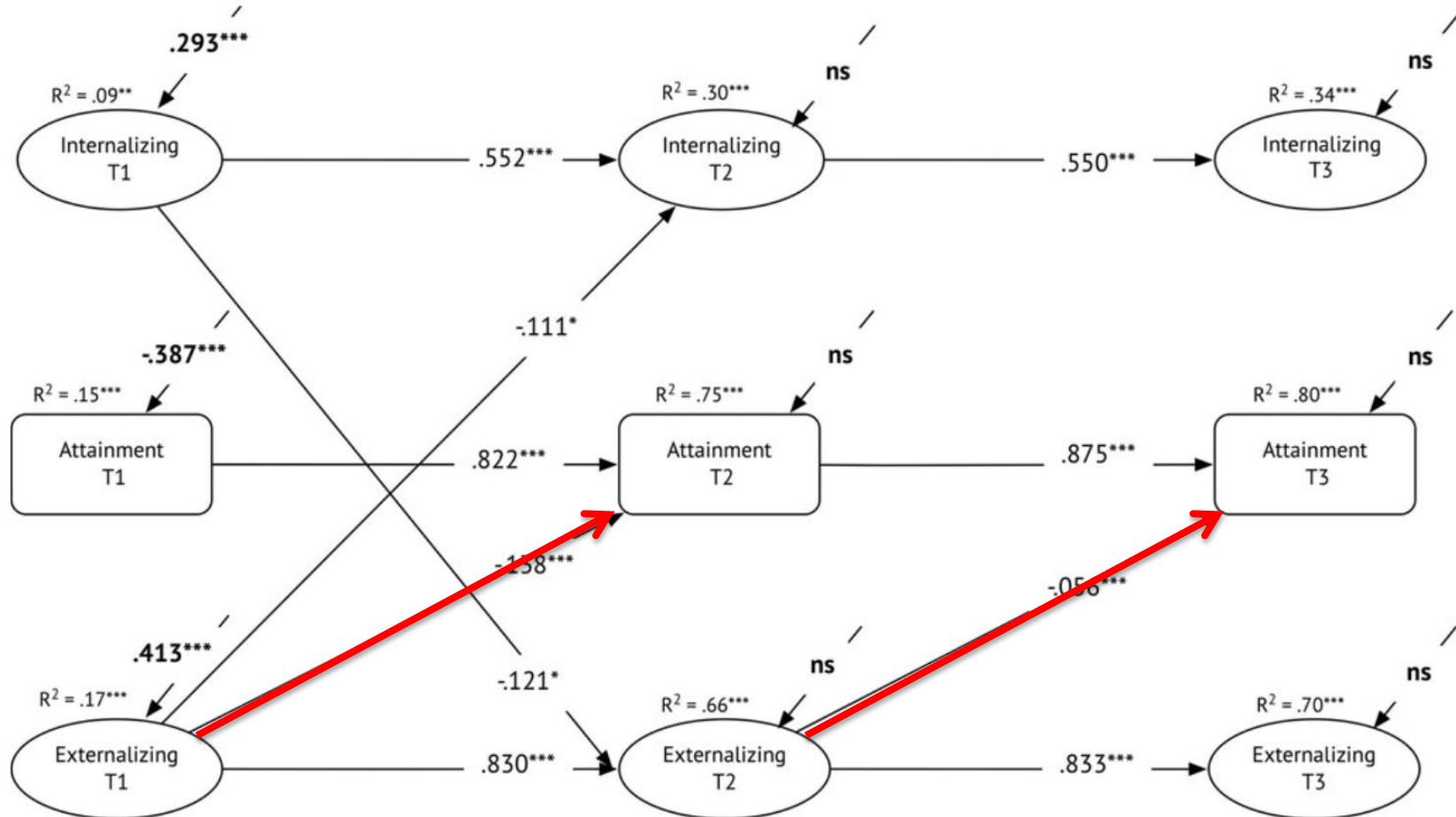
- Why could/should schools play a central role in preventing the onset, maintenance or progression of mental health difficulties? (Greenberg, 2010)
 - Broad reach
 - Prolonged engagement (“15,000 hours” – Rutter et al, 1979)
 - Central hub in most communities
- School is the primary developmental context after the family (Bronfenbrenner, 2005)
- Teachers are the most commonly contacted mental health ‘service’ (Ford et al, 2007)
- Children’s learning and their mental health are inter-related (Panayiotou & Humphrey, 2018)



Why have schools become a central focus in this area?



Why have schools become a central focus in this area?



Why have schools become a central focus in this area?

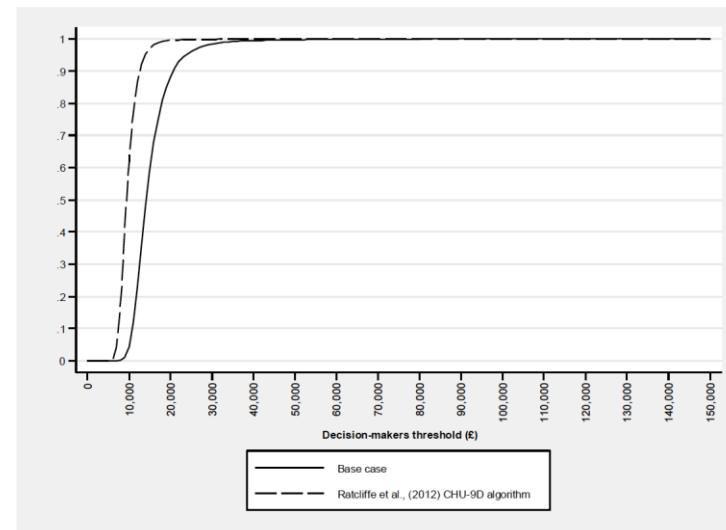


Panayiotou, Humphrey & Wigelsworth (2019)



Why have schools become a central focus in this area?

- Proposed roles that schools can play in promoting mental health (NatCen/NCB, 2017)
 - Environment
 - Identify
 - Support
 - Refer
- Universal school-based interventions can improve mental health in a cost-effective manner (Humphrey et al, 2018)
 - Promoting Alternative Thinking Strategies (PATHS) RCT
 - 45 schools, 5k+ children
 - Small, positive impact on children's psychological wellbeing
 - Larger effect size with increased intervention exposure (from 0.17 to 0.43; Panayiotou, Humphrey & Hennessey, 2019)
 - Small, positive impact on children's quality-adjusted-life-years
 - Mean incremental cost of PATHS (compared to usual provision) = £29.93 per child
 - Incremental net benefit of introducing PATHS = £7.64
 - Probability of cost-effectiveness = 88%, but this increased to 99% or above in all but one alternative costing scenarios



CEAC for PATHS: base case and using alternative CHU-9D algorithm (Humphrey et al, 2018)



Is evidence-based practice the answer?

Unless you're using
evidence-based
procedures, I can't hear a
word you're saying.

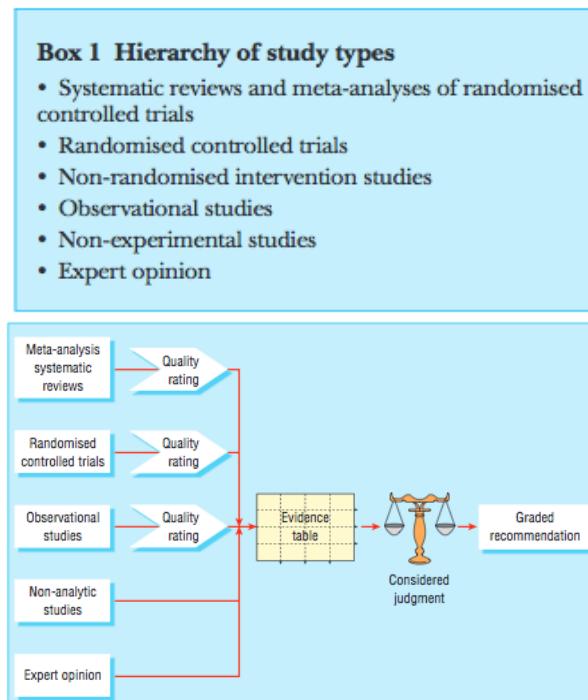


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Is evidence-based practice the answer?

- Balancing the three-legged stool: evidence, expertise, preference (Sackett et al, 1996)
- The evidence ‘hierarchy’:



(Harbour & Miller, 2001)



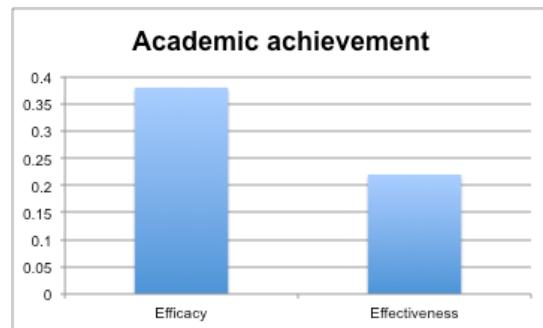
Is evidence-based practice the answer?

- Of the 30 most common difficulties experienced by children who see a child mental health specialist, NICE guidance only exists for 13 (43%) (Wolpert et al, 2015)
 - For the other 57%, we don't currently know what are likely to be the most effective ways to support children experiencing these difficulties
- Even among those individuals in receipt of evidence-based interventions, 1 in 3 will continue to experience the same level of difficulties (or worse!) (Warren et al, 2010)
- Girlanda et al (2016) systematic review and meta-analysis of the implementation of evidence-based guidelines in mental health care
 - “Only a minority of the studies included in our review showed a positive, statistically significant effect of guideline implementation on provider performance or patient outcomes” (p.5)
 - Some studies actually showed a *negative* effect from guideline implementation

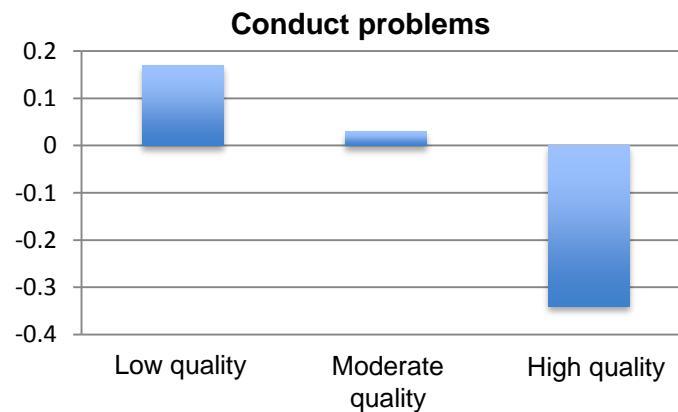


Is evidence-based practice the answer?

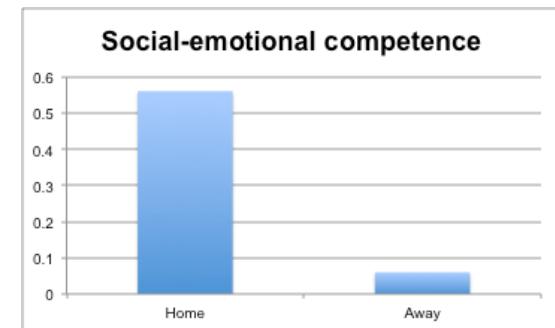
- Schools rarely change what they do on the basis of research findings, let alone RCTs (Lather, 2004)
 - Only one-third of schools report using research evidence (of any kind) in their decision making regarding mental health interventions (Vostanis, Humphrey et al, 2013)
- The 'evidence to routine practice' lag can be up to 20 years (Walker, 2004)
- Not all RCTs are equal! Aside from standard methodological quality issues, we need to consider:
 - The developer effect
 - Stage of evaluation
 - Cultural translation (Wigelsworth et al, 2016)
- The importance of 'doing well in whatever you do' (Durlak, 2010)



Wigelsworth et al (2016)



Wigelsworth Humphrey & Lendrum (2013)



Wigelsworth et al (2016)



Is this just the ‘child panic’ for a new generation?

“Over the past 15 years or so, educational policy discourses, related research and everyday practices... reflect profound political and public pessimism about declining emotional wellbeing and mental health amongst growing numbers of groups and individuals deemed to be ‘at risk’ or ‘vulnerable’... this pessimism intersects with... a broader sensibility that childhood and youth are in profound and unprecedented crisis”

(Ecclestone & Rawdin, 2016, p.1)



Is this just the ‘child panic’ for a new generation?

- Talk of crisis in children’s mental health as an escalation of ‘therapy culture’ (Furedi, 2003) into education and social policy?
 - The ‘dangerous rise’ of therapeutic education (Ecclestone & Hayes, 2009)
- Diminished view of the human subject
- Policy discourse of risk and vulnerability (Ecclestone & Lewis, 2013)
 - Vulnerability zeitgeist (Brown, 2015)
- Does every generation have its own ‘child panic’? (Guldberg, 2009)
 - Evidence stretching back several generations of widespread concerns about “the telltale signs of maladjusted youth” (Havighurst, 1974, p.6)
 - Data does not always support the crisis model (Humphrey, 2013)

THE EFFECTS OF READING “PENNY DREADFULS.”

At the inquest on a London errand boy, aged 14, who committed suicide by hanging himself, his mother, living in a court off Holborn deposed that deceased was of a cheerful disposition, and loved by everybody. He was a great reader. The other day he cut a portrait of Milsom, the murderer, out of a paper, wrote a prayer underneath, and sent it to his mother. He left his employer on Saturday last, as he complained of too long hours. Witness went to his employer to get his character if possible, but was refused one. On getting home she told him this, and he replied — “Don’t trouble any more, mother; I’ll hang myself.” Witness took no notice, as she certainly did not think he meant it. Witness went out again, and on her return found him hanging from the banisters. The deceased’s brother used to spend about a shilling a week on penny horribles, which the deceased used to read. The Coroner said that the effects on a boy’s mind through reading books of this description was terrible. It was not the first case he had had of a boy committing suicide after reading this trashy literature. The boy had used one of his sister’s skipping ropes to hang himself with. A verdict of suicide whilst of unsound mind was returned.



Is this just the ‘child panic’ for a new generation?

- Folk devils and moral panics (Cohen, 1973)
 - The role of the media (Guldberg, 2009)
 - “Sometimes the panic passes over and is forgotten... at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way society conceives itself” (Cohen, 1973, p.9)
- Stich’s (1993) four-stage process for the promotion of unfounded ideas
 1. (Self) fraud
 2. Anxiety
 3. Absent evidence
 4. Ignoring evidence



Thanks for listening!

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Mental health isn't Fight Club. We can talk about it.

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